



## QUESTIONNAIRE

### PERSONAL DATA

LAST NAME		FIRST & MIDDLE NAME		OTHER LEGAL NAMES	
APT. NO.	STREET ADDRESS			CITY	POSTAL CODE

MAILING ADDRESS (if different from street address)

SOCIAL INSURANCE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		CONTACT NUMBERS HOME: _____ WORK: _____ CELL: _____ EMAIL: _____ FAX: _____		MARITAL STATUS      EFFECTIVE DATE <input type="checkbox"/> SINGLE _____ <input type="checkbox"/> MARRIED _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> SEPARATED _____ <input type="checkbox"/> WIDOW(ER) _____ <input type="checkbox"/> COMMON-LAW _____	
DATE OF BIRTH DAY      MONTH      YEAR <input type="text"/> / <input type="text"/> / <input type="text"/>					

CURRENT OCCUPATION	CURRENT EMPLOYER
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SPOUSE/PARTNER'S LAST NAME		FIRST & MIDDLE NAME		OTHER LEGAL NAMES	
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SPOUSE'S SOCIAL INSURANCE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		SPOUSE'S CONTACT NUMBERS HOME: _____ WORK: _____ CELL: _____ EMAIL: _____ FAX: _____			
SPOUSE'S DATE OF BIRTH DAY      MONTH      YEAR <input type="text"/> / <input type="text"/> / <input type="text"/>					

CURRENT OCCUPATION	CURRENT EMPLOYER
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### DEPENDANTS List all dependants who live with you:

FULL NAMES	RELATIONSHIP	DATE OF BIRTH				MONTHLY INCOME (if any)
		DAY	MONTH	YEAR	AGE	

## SECURED CREDITORS

MORTGAGES / VEHICLE LOANS OR LEASES / ETC.

NAME OF CREDITOR	ACCOUNT NUMBER	ASSET PLEDGED	DEBT AMOUNT

## UNSECURED CREDITORS

NAME OF CREDITOR	ACCOUNT NUMBER	DEBT AMOUNT

## OTHER DEBTS

CO-SIGNED OR GUARANTEED DEBTS

NAME OF CREDITOR	DEBT AMOUNT	WHO CO-SIGNED OR GUARANTEED FOR

## PROBLEM DEBTS

DO YOU HAVE ANY OF THE FOLLOWING DEBT (MARK WHICH ONES APPLY):

- |  |  |
|--|--|
| <input type="checkbox"/> FINE OR PENALTY IMPOSED BY COURT      | <input type="checkbox"/> DAMAGES RELATING TO ASSAULT CHARGES                                   |
| <input type="checkbox"/> RECOGNIZANCE OF BAIL BOND             | <input type="checkbox"/> EMPLOYMENT INSURANCE OR SOCIAL ASSISTANCE OVERPAYMENT                 |
| <input type="checkbox"/> FRAUD, EMBEZZLEMENT, MISAPPROPRIATION | <input type="checkbox"/> DEFALCATION WHILE ACTING IN A TRUST CAPACITY                          |
| <input type="checkbox"/> STUDENT LOANS                         | <input type="checkbox"/> OBTAINING PROPERTY BY FALSE PRETENSES OR FRAUDULENT MISREPRESENTATION |
|  | <input type="checkbox"/> CHILD SUPPORT OR ALIMONY ARREARS                                      |

ARE YOU PRESENTLY BEING GARNISHEED?  YES  NO

IF YES, BY WHOM? \_\_\_\_\_

HAVE YOU OBTAINED ANY CREDIT IN THE LAST THREE MONTHS?  YES  NO

WHEN DID YOU FIRST BECOME AWARE OF YOUR INABILITY TO PAY YOUR DEBT?  
\_\_\_\_\_

Please select what you own

# ASSETS

OFFICE USE ONLY

ASSET DESCRIPTION	RE-SALE VALUE			
<input type="checkbox"/> CASH / SAVINGS				
<input type="checkbox"/> FURNITURE / APPLIANCES / ELECTRONICS				
<input type="checkbox"/> CLOTHING				
<input type="checkbox"/> RRSP				
<input type="checkbox"/> CANADA SAVINGS BONDS				
<input type="checkbox"/> SHARES / INVESTMENTS				
<input type="checkbox"/> CASH VALUE OF LIFE INSURANCE POLICY				
<input type="checkbox"/> CAMERA / VIDEO EQUIPMENT				
<input type="checkbox"/> COMPUTER / GAMING EQUIPMENT				
<input type="checkbox"/> BIKE / GOLF CLUBS / SKIS / SPORTS EQUIPMENT				
<input type="checkbox"/> JEWELLERY				
<input type="checkbox"/> TOOLS - HOUSEHOLD				
<input type="checkbox"/> TOOLS - WORK				
<input type="checkbox"/> LAWN TRACTOR				
<input type="checkbox"/> ARTWORK / COLLECTIBLES				
<input type="checkbox"/> MUSICAL INSTRUMENTS				
<input type="checkbox"/> OTHER (PLEASE DESCRIBE)				
<b>REAL ESTATE</b>				
<input type="checkbox"/> HOUSE				
ADDRESS				
<input type="checkbox"/> MOBILE HOME				
ADDRESS				
<input type="checkbox"/> LAND				
ADDRESS				
<b>VEHICLES</b> YEAR/MAKE/MODEL (INCLUDE LEASES)				
<b>RECREATIONAL EQUIPMENT</b> (PLEASE DESCRIBE)				
BOAT/MOTOR, CAMPER/TRAILERS, SNOWMOBILE, MOTORBIKE/ATV				

DO YOU HAVE A SAFETY DEPOSIT BOX?  YES  NO

ARE YOU SUING ANYONE?  YES  NO

IF YES, WHO? \_\_\_\_\_ FOR WHAT AMOUNT \$ \_\_\_\_\_

DO YOU EXPECT TO RECEIVE AN INHERITANCE, INSURANCE SETTLEMENT, SEVERANCE PAY, WCB SETTLEMENT, OR ANY OTHER SETTLEMENT IN THE NEXT 12 MONTHS?  YES  NO AMOUNT EXPECTED: \$ \_\_\_\_\_

# BUSINESS

(SOLE PROPRIETORSHIP OR PARTNERSHIP)

HAVE YOU BEEN SELF-EMPLOYED IN THE LAST 5 YEARS?  YES  NO

IF YES, WAS THE BUSINESS: A LIMITED COMPANY  YES  NO  
PROPRIETORSHIP  YES  NO  
PARTNERSHIP  YES  NO

**IF A LIMITED COMPANY PROCEED TO NEXT PAGE.**

DOES THE COMPANY OWN ANY ASSETS?  YES  NO

## BUSINESS #1

Name of business:

Type of business:

Location of business:

Date and year business started:

Date and year business ceased:

Exact location of business / payroll records:

Reason for closure:

Partnership (name of partner and percentage of ownership):

## BUSINESS #2

Name of business:

Type of business:

Location of business:

Date and year business started:

Date and year business ceased:

Exact location of business / payroll records:

Reason for closure:

Name and address of your accountant:

## BUSINESS DEBT (IF NOT PREVIOUSLY LISTED)

Does the business owe any of the following debts?	Account #	Approx. Amount Owed
Payroll Deductions <input type="checkbox"/> Yes <input type="checkbox"/> No		
What period was the last payroll remittance filed?		
Have all employee T4s been prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what period is outstanding?		
G.S.T. / H.S.T. <input type="checkbox"/> Yes <input type="checkbox"/> No		
W.C.B. <input type="checkbox"/> Yes <input type="checkbox"/> No		
P.S.T. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wages to Employees <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rent <input type="checkbox"/> Yes <input type="checkbox"/> No		

## BUSINESS ASSETS (IF NOT PREVIOUSLY LISTED)

DESCRIPTION	RE-SALE VALUE OF ASSET	LOCATION OF ASSET	SECURED OR UNSECURED

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# MONTHLY INCOME AND EXPENSES

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**NET MONTHLY INCOME:**

NET SALARY (TAKE HOME PAY)	\$ _____
PENSION/ANNUITIES	\$ _____
SPOUSE / PARTNER'S INCOME	\$ _____
CHILD TAX BENEFIT / UNIVERSAL CHILDCARE BENEFIT	\$ _____
ALIMONY / CHILD SUPPORT RECEIVED	\$ _____
EMPLOYMENT INSURANCE BENEFITS	\$ _____
SOCIAL ASSISTANCE	\$ _____
RENTAL INCOME	\$ _____
OTHER INCOME	\$ _____

**TOTAL NET MONTHLY INCOME** \$ \_\_\_\_\_

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**MONTHLY EXPENSES:****NON-DISCRETIONARY EXPENSES:**

CHILD SUPPORT PAYMENTS	\$ _____
SPOUSAL SUPPORT PAYMENTS	\$ _____
DAY CARE	\$ _____
MEDICAL CONDITION EXPENSES	\$ _____
FINES / PENALTIES BEING PAID	\$ _____
EMPLOYMENT RELATED EXPENSES	\$ _____

**DISCRETIONARY EXPENSES:**

RENT/MORTGAGE	\$ _____
PROPERTY TAXES / CONDO FEES	\$ _____
CITY UTILITIES (GARBAGE/SEWER/WATER)	\$ _____
HEATING / GAS / OIL	\$ _____
TELEPHONE / CELL	\$ _____
CABLE / SATELLITE / INTERNET	\$ _____
ELECTRICITY	\$ _____
SMOKING	\$ _____
ALCOHOL	\$ _____
DINING / LUNCHESES / RESTAURANTS	\$ _____
RECREATION	\$ _____
GIFTS / CHARITABLE DONATIONS	\$ _____
ALLOWANCES	\$ _____
BC MEDICAL	\$ _____
DENTAL	\$ _____
FOOD / GROCERY	\$ _____
CLOTHING	\$ _____
VEHICLE PAYMENT	\$ _____
LEASE PAYMENT	\$ _____
REPAIR/MAINTENANCE/GAS	\$ _____
PUBLIC TRANSPORTATION	\$ _____
VEHICLE INSURANCE	\$ _____
HOUSE INSURANCE	\$ _____
FURNITURE / CONTENTS INSURANCE	\$ _____
LIFE INSURANCE	\$ _____
MISCELLANEOUS	\$ _____

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

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# INCOME TAX INFORMATION

WHAT YEAR WAS THE LAST INCOME TAX RETURN FILED? \_\_\_\_\_

## GENERAL

**HAVE YOU EVER PREVIOUSLY FILED A BANKRUPTCY  OR PROPOSAL  (SPECIFY) IN CANADA OR ELSEWHERE?**

**APPLICANT  YES  NO                      SPOUSE/PARTNER  YES  NO**

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU SOLD, DISPOSED OF, OR TRANSFERRED ANY OF YOUR ASSETS, EITHER IN CANADA OR ELSEWHERE? (EG. VEHICLES, RRSP'S, STOCKS/BONDS, FURNITURE)     YES     NO

DESCRIPTION OF ASSET	DATE DISPOSED	PROCEEDS	OFFICE USE ONLY

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU MADE PAYMENTS IN EXCESS OF REGULAR PAYMENTS TO CREDITORS, EITHER IN CANADA OR ELSEWHERE? IF YES, EXPLAIN:     YES     NO

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU HAD ANY ASSETS SEIZED BY A CREDITOR, EITHER IN CANADA OR ELSEWHERE?     YES     NO

ASSET SEIZED \_\_\_\_\_  
 DATE SEIZED \_\_\_\_\_  
 BY WHICH CREDITOR? \_\_\_\_\_

OFFICE USE ONLY

ARE YOU RESTRICTED FROM DISPOSING OF ANY OF YOUR ASSETS DUE TO A MATRIMONIAL ACTION OR COURT ORDER?     YES     NO

WITHIN THE LAST FIVE (5) YEARS, WHILE YOU KNEW YOURSELF TO BE INSOLVENT, HAVE YOU SOLD, DISPOSED OF, OR TRANSFERRED ANY ASSETS?     YES     NO

DESCRIPTION OF ASSET	DATE DISPOSED	PROCEEDS	OFFICE USE ONLY

WITHIN THE LAST FIVE (5) YEARS, WHILE YOU KNEW YOURSELF TO BE INSOLVENT, HAVE YOU MADE ANY GIFTS TO RELATIVES OR OTHERS IN EXCESS OF \$500.00?     YES     NO

TO WHOM	HOW MUCH	WHEN

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## CAUSES OF INSOLVENCY

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DESCRIBE WHAT, IN YOUR OPINION, CAUSED YOUR CURRENT FINANCIAL PROBLEMS (PLEASE MARK ANY WHICH APPLY):

- |   |   |
|---|---|
| <input type="checkbox"/> OVER-EXTENSION OF CREDIT | <input type="checkbox"/> DIVORCE/SEPARATION |
| <input type="checkbox"/> HEALTH ISSUES            | <input type="checkbox"/> SHORTAGE OF WORK   |
| <input type="checkbox"/> JOB LOSS                 | <input type="checkbox"/> BUSINESS FAILURE   |
| <input type="checkbox"/> OTHER (EXPLAIN)          |   |

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PLEASE ADVISE WHO REFERRED YOU TO OUR OFFICE (SO THAT WE MAY THANK THEM) OR HOW YOU LOCATED OUR NAME:

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I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND COMPLETE IN EVERY RESPECT AND FULLY DISCLOSES THE STATE OF MY AFFAIRS.

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DATE COMPLETED

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SIGNATURE